

**Memorandum  
County of Placer**

To: \_\_\_\_\_, Supervisor  
\_\_\_\_\_, Department Personnel Representative

From:

Employee Number:

Date:

Re: **Placer County Department Notification of Employee Retirement**

Before you complete this document you should review: Retirement Planning Information for Placer County Employees available from the Personnel Department or in the county's shared access V-drive in: V:\Personnel\Benefits\Retirement Information.

My retirement date will be: \_\_\_\_\_.

My last day as a Placer County employee will be: \_\_\_\_\_.

**In most cases this is the day before your retirement date.**

My last day at work will be: \_\_\_\_\_.

*The last day you will be working (**not** the last day as a Placer County employee if using sick leave, vacation leave, CTO, and/or management leave on payroll).*

**Vacation Leave, CTO, and Management Leave**

I will use my vacation leave, CTE, floating holiday, D.A Leave, and/or management leave as follows (you can choose one option or a combination of the options you are eligible for):

☐ **Option 1:**

☐ I will use vacation leave from \_\_\_\_\_ to \_\_\_\_\_.

☐ I will use CTE from \_\_\_\_\_ to \_\_\_\_\_.

☐ I will use management/D.A. admin. Leave from \_\_\_\_\_ to \_\_\_\_\_.

☐ I will use my floating holiday on \_\_\_\_\_

☐ I will use my holiday credit from \_\_\_\_\_ to \_\_\_\_\_.

☐ **Option 2:** Pay me a lump sum for any vacation leave, CTE, holiday credit and/or management leave balances and floating holiday remaining on my last day of employment.

☐ **Option 3:** I will defer \_\_\_\_\_ hours of my Vacation leave into my 401(k) and/or 457 plans.

Amount in each plan: ☐ 401(k) \$ \_\_\_\_\_ ☐ 457 \$ \_\_\_\_\_

You may go up to the annual IRS dollar limits for each plan

☐ I authorize Placer County to deduct from my vacation leave balance any over payment of management leave and/or D.A. Administrative leave.

## Sick Leave

**Your benefit plan regarding the use of your sick leave balance depends on the retirement formula you are covered by and the bargaining unit you are represented by.**

**Employees who are covered by the CalPERS Local Miscellaneous Retirement Formula (except management employees)**

Your sick leave balances up to 1500 hours will be converted to the Retirees Paid Health Program. **Please Note** the Retiree Paid Health Program **does not** cover your dental or vision insurance premiums and **does not** cover Medicare premiums taken from your Social Security check.

Any sick leave balances over 1500 hours will be converted to CalPERS service credit.

### **Employees in a Management classification (except Safety Management):**

All sick leave hours (100%) regardless of your balance will be converted to a health reimbursement account (HRA)

**Employees covered by the CalPERS Local Safety Retirement Formula and represented by the Deputy Sheriff's Association can choose Option 4 , 5 or 6 or a combination of these options:**

☐ **Option 4.** I will use \_\_\_\_\_ hours of my eligible sick leave hours on payroll prior to my last day of employment and my CalPERS retirement. I will use sick leave from \_\_\_\_\_ to \_\_\_\_\_.

(If a spreadsheet has been completed, please attach a copy)

☐ **Option 5.** I will cash-out \_\_\_\_\_ hours of my eligible hours of sick leave according to the DSA Sick Leave Cash Out formula. (Years of service are determined by service hours, 20 years = 41,600 hours)

☐ **Option 6.** I will defer \_\_\_\_\_ hours of my sick leave into my 401(k) and/or I will defer \_\_\_\_\_ hours of my sick leave into my 457 plans, cashing out any balances remaining per the above DSA cash out formula. (*Safety only*)

All employees:

☐ I will forfeit the balance of my sick leave hours.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

If this form is not turned in prior to your retirement leave balances will be handled according to County policy and you will not be able to make changes.

**Instructions for Manager and Department Personnel Representative:** Please send a copy of this to the Personnel Department as soon as possible with a completed PAF. Personnel will route for payroll and benefit processing.

Personnel payroll processing by \_\_\_\_\_ date \_\_\_\_\_

Benefits processing by \_\_\_\_\_ date \_\_\_\_\_